

The Commonwealth of Massachusetts  
**Division of Health Professions Licensure**

239 Causeway Street, 5<sup>th</sup> Floor

Boston, MA 02114

Board of Registration in Dentistry

(617) 727-9928

[www.mass.gov/dpl/boards/dn](http://www.mass.gov/dpl/boards/dn)

**BOARD USE ONLY**

Board: \_\_\_\_\_

License#: \_\_\_\_\_

Type: \_\_\_\_\_

Cash#: \_\_\_\_\_

Cash Date: \_\_\_\_\_

Please attach recent passport size

2 X 2

photograph here

**Limited License Application**

New \_\_\_\_\_ Renewal \_\_\_\_\_ Full Time Faculty \_\_\_\_\_

Institution \_\_\_\_\_

Social Security Number (Mandatory) \_\_\_\_\_

1. Name (Print Name in Full) \_\_\_\_\_

2. I hereby make application for Dental Intern at \_\_\_\_\_

3. If dental intern certificate applied for is at a school, list affiliations and addresses where you will also be located:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

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Status Code: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Lic. Exp. Date \_\_\_\_\_

4. Place of birth \_\_\_\_\_

5. Date of Birth \_\_\_\_\_

6. Present residence \_\_\_\_\_

7. Permanent address \_\_\_\_\_

8. Phone number \_\_\_\_\_

9. Graduate of \_\_\_\_\_

10. Year received diploma \_\_\_\_\_ Degree \_\_\_\_\_

11. Internship to begin on: (Mo) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

12. Social Security Number (Mandatory) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Pursuant to G.L., c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.**

13. Have you ever failed a dental examination for any state or jurisdiction i.e. State licensing exam, regional exam, or national exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list dates. \_\_\_\_\_

14. List registrations in all other states with issue date and current status. A certificate of standing from each state in which you were licensed, including the status of your license and any relevant disciplinary information, must be submitted to the Board with this application.

15. Has any disciplinary action been taken against you by a licensing board in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the details ( use separate sheet if necessary ).

16. Are you the subject of any pending disciplinary actions or complaints by a licensing board in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the details ( use separate sheet if necessary).

17. Have you ever voluntarily surrendered or resigned a professional license to a licensing board in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the details ( use a separate sheet if necessary ).

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18. Have you ever applied for and been denied a professional license in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the details ( use a separate sheet if necessary ).

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19. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

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20. We, the undersigned, registered dentists, are personally acquainted with \_\_\_\_\_ named in this application, and recommend him/her as a person of good moral character.

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

21. I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, (a) pursuant to G.L., c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to G.L., c. 419, s. 51A, I understand my obligation to report the abuse and neglect of children.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

**To be completed only if renewing license:**

\_\_\_\_\_ I have completed 20 hours of continuing education in the year preceding this application.

**To be completed by applicant**

Name of supervising dentist\_\_\_\_\_Dept.\_\_\_\_\_

License Number of Supervising Dentist\_\_\_\_\_

Name of Hospital or Institution\_\_\_\_\_

Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone Number\_\_\_\_\_

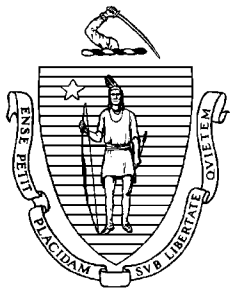
**OFFICE USE ONLY**

Name\_\_\_\_\_ Number\_\_\_\_\_ Received\_\_\_\_\_

Name of School\_\_\_\_\_

Date to Begin\_\_\_\_\_

Date to End\_\_\_\_\_



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**LIMITED LICENSE REGISTRATION-INFORMATION SHEET**

Enclosed is an application for Limited License Registration in Massachusetts. A Limited License allows you to perform all the duties of a dentist but only in a hospital, school, or government clinic. Practice in a private office **not permitted**. To ensure that your application is accepted please provide the following:

- 1. Licensing Fee-**Limited Licenses may be obtained for one year for a fee of \$60.00 and they may be renewed for up to five years (**Full time faculty are not restricted to the five year limit**). Check or money order is acceptable and should be made payable to the Commonwealth of Massachusetts. We do not accept cash.
- 2. Name of Supervising Dentist-**If we do not have the name of the supervising dentist we will not process the application.
- 3. Passport Size Photo-**You only need to provide a photo for your first application not for your renewal.
- 4. Letters of Good Standing-** A letter of standing from each state in which you are or were licensed must be provided with this application including any disciplinary information.
- 5. Official Notification of Graduation-**Provide an official transcript or letter from your school of graduation. (Photocopies not accepted)
- 6. National Practitioner Data Bank Self-Query-** A self-query must be obtained by anyone who has held a license in another state or jurisdiction. To perform a self-query please contact NPDB at 1-800-767-6732 or at [www.npdb.com](http://www.npdb.com). Please include the original report form that you receive from the NPDB in your application. Be sure to make a copy of this form for your records.
- 7. Practice History or Resume must be attached**
- 8. Jurisprudence Exam-** To obtain a copy of the Jurisprudence Exam please call our office at (617)727-9928. Applicants must successfully pass the Jurisprudence Exam which tests the applicant's knowledge of the Dental Regulations 234 CMR and the Dental Laws. To obtain copies of both the Regulations 234 CMR and the Dental Laws, please call the Statehouse Bookstore at 617 727-2834. There is a fee of \$2.45 for the Rules and Regulations and \$4.35 for the Dental Laws. If you prefer you may also obtain a copy from our website at [www.mass.gov/dpl/boards/dn/rule\\_reg.htm](http://www.mass.gov/dpl/boards/dn/rule_reg.htm)

## **9. SOCIAL SECURITY NUMBER MANDATORY**

Once this application is processed we will issue a certificate with a license number. The license number and certificate will be sent to your **Supervising Dentist Only**. If you would like to know your license number please call our office at (617) 727-2243.

### **Information on Clinics in Massachusetts**

To obtain a list of clinics in Massachusetts send a check made out to the Commonwealth of Massachusetts to the Statehouse Bookstore, Room 116, Boston, MA 02133 and request a copy of the “ Directory of Clinics and Laboratories.” The phone number is (617) 727-2834.